

Date Received:

STATE OF IDAHO BUREAU OF LABORATORIES
2220 OLD PENITENTIARY ROAD
BOISE, IDAHO 83712-8299
(208) 334-2235

MOLECULAR STRAIN TYPING FOR _____
(ORGANISM IDENTIFICATION)

Name _____ ID# _____ DOB ____/____/____ M F
LAST FIRST

Source _____ Date of Collection ____/____/____

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LAST FIRST

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LAST FIRST

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LAST FIRST

Source _____ Date of Collection ____/____/____

Name _____ ID# _____ DOB ____/____/____ M F
LAST FIRST

Source _____ Date of Collection ____/____/____

Suspected Source of Infection _____ Nosocomial? ☐ Yes ☐ No ☐ Unknown

*****PLEASE ATTACH COPIES OF ANTIMICROBIAL SUSCEPTIBILITIES FOR ISOLATES**

Send report to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____

Send copy to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____